



## LGBTQ+ People and Alcohol

## Summary

- An estimated 1.4 million people over the age of 16 in the UK identified as lesbian, gay, or bisexual (LGB) in 2019, according to the Office for National Statistics.
- Patterns in alcohol use vary among different orientations and gender identities, but overall there is a higher prevalence of hazardous drinking among the LGBTQ+ population compared to the general population, particularly among women.
- Most research about alcohol harm focuses on sexual health outcomes among gay and bisexual men, and has focused on the relationships between alcohol use and sexual health and HIV. LGBTQ+ people experience around double the odds of alcohol dependence compared to the general population, and also experience a higher prevalence of mental illnesses that can co-occur with alcohol use.
- 3 percent of people in alcohol treatment identified as gay or lesbian in 2019-2020. Significant barriers to receiving healthcare exist for LGBTQ+ people.
- There are many gaps in knowledge around LGBTQ+ people and alcohol. Surveys and studies should present a greater variety of intersectional data on protected characteristics. More research is needed to represent LGBTQ+ women and trans people to prevent alcohol harm and make services feel safer and more inclusive.

## GLOSSARY

This briefing uses definitions of LGBTQ+, orientation and gender identity as described in Stonewall's glossary.

More definitions are available in the glossary found on Stonewall's website at: <https://www.stonewall.org.uk/help-advice/faqs-and-glossary/glossary-terms>.

**Cisgender or Cis:** Someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.

**Gender identity:** A person's innate sense of their own gender, whether male, female or something else (see non-binary below), which may or may not correspond to the sex assigned at birth.

**LGBTQ+:** The acronym for lesbian, gay, bi, trans, queer, questioning and ace.

**Orientation:** Orientation is an umbrella term describing a person's attraction to other people. This attraction may be sexual (sexual orientation) and/or romantic (romantic orientation). These terms refers to a person's sense of identity based on their attractions, or lack thereof.

Orientations include, but are not limited to, lesbian, gay, bi, ace and straight.

**Trans:** An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, nongender, third gender, bi-gender, trans man, trans woman, trans masculine, trans feminine and neutrois.

## INTRODUCTION

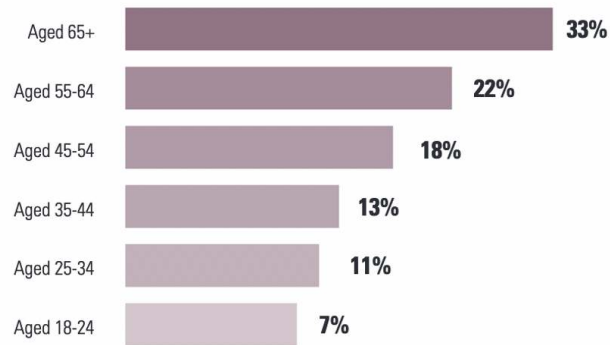
According to the Office for National Statistics, an estimated 1.4 million people (2.7 percent of the UK population) aged 16 years and over identified as lesbian, gay or bisexual (LGB) in 2019.<sup>1</sup> Most recently, the LGB population comprised 1.6 percent identifying as gay or lesbian and 1.1 percent as bisexual.<sup>1</sup> Across the home nations, 2.7 percent of the population identified as LGB in England and Scotland; 2.9 percent in Wales; and 1.3 percent in Northern Ireland.<sup>1</sup> Proportions also vary regionally. For example, the percentage of LGB-identifying people is highest in London.<sup>1</sup> Younger people aged 16 to 24 were more likely to identify as LGB than older people aged 65 and over.<sup>1</sup> Notably, these statistics are focused on orientation and do not report on gender identity.

This briefing provides a summary of alcohol consumption, alcohol harm, alcohol treatment, and gaps in knowledge regarding alcohol use among LGBTQ+ people. It uses the acronym LGBTQ+ to include lesbian, gay, bisexual, transgender, queer, questioning, and ace people (as defined by Stonewall), which encompasses both sexual or romantic orientation and gender identity.<sup>2</sup>

## ALCOHOL CONSUMPTION

Evidence indicates that alcohol consumption is higher among the LGBTQ+ population compared to the general population. National statistics on alcohol consumption do not routinely include breakdowns of alcohol use by orientation due to small numbers in these subgroups. Additionally, academic literature is scarce and a large portion of what is available is from the United States. However, reports from charities and NGOs as well as studies combining survey data across years consistently find that people in the LGBTQ+ community are more likely to drink alcohol and to drink at increasing or higher risk levels compared to the overall population.

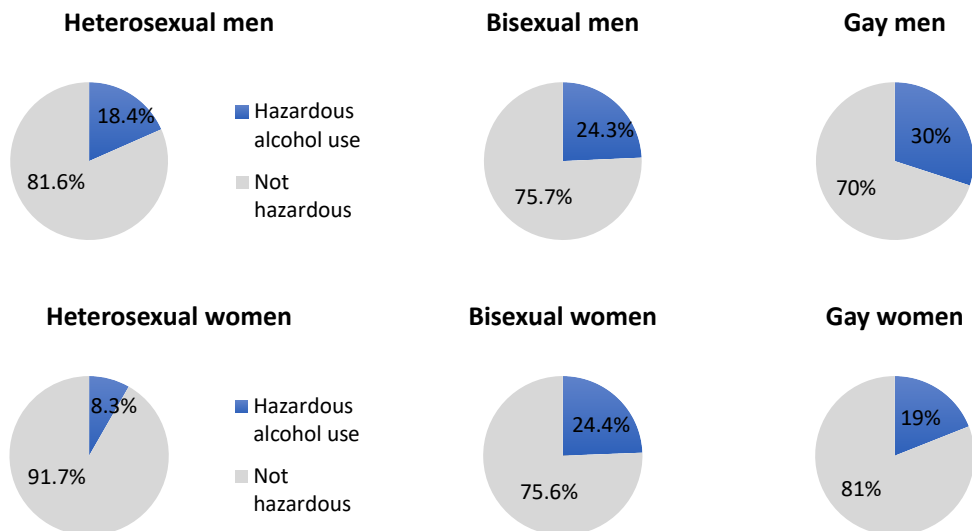
Stonewall's 2019 *LGBT in Britain: Health Report* surveyed 5,000 LGBTQ+ people across England, Scotland, and Wales. It reported that 78 percent of gay and bisexual men and 77 percent of lesbian and bisexual women drank alcohol in the last week, compared to 68 percent of men and 58 percent of women in the overall population.<sup>3</sup> Additionally, a 2021 report by NHS Digital on health and health-related behaviours of LGB adults found that in a survey of 58,226 people, LGB adults were more likely than heterosexual people to drink over the national guidelines of 14 units per week (32% and 24%, respectively).<sup>4</sup> The mean number of units consumed weekly was 17.7 units by LGB adults and 12.7 by heterosexual adults.<sup>4</sup> Stonewall also found that sixteen percent of LGBTQ+ people said they drank alcohol nearly every day over the last year, compared with 10 percent of adults in the overall UK population.<sup>3</sup> These findings suggest that alcohol is consumed not only by a greater proportion of LGB people compared to the general population, but also in greater amounts and at a higher frequency. Lastly, Drinking alcohol almost every day was much more prevalent among older LGBTQ+ people than their younger counterparts (Figure 1).<sup>3</sup>

**Figure 1: LGBT people who drink alcohol almost every day**

Source: Smoking, Alcohol, and Drug Use, from Bachmann and Gooch's LGBT in Britain: Health Report with Stonewall

The Stonewall report also found different patterns in almost daily drinking by gender identity among LGBTQ+ people: 20 percent of men drank alcohol nearly every day over the past year compared with 13 percent women and 11 percent of non-binary people.<sup>3</sup>

A 2017 study used data from cross-sectional household surveys to analyse alcohol use and orientation among nearly 44,000 adults in England. Gay men were twice as likely to engage in hazardous drinking\* compared to heterosexual men, whereas bisexual women were three times as likely as heterosexual women to engage in hazardous drinking (Figure 2), indicating that LGBTQ+ women may have a greater risk for experiencing alcohol harm compared to heterosexual women.<sup>5</sup>

**Figure 2: Prevalence (%) Hazardous Alcohol Use**

Source: Discussion, from Shahab L, Brown J, Hagger-Johnson G, *et al.*, Figure 1b: Prevalence hazardous alcohol use by gender and orientation identity

\* Defined in this study as a score of 8+ on the Alcohol Use Disorders Identification Test

There is very little data on alcohol consumption specifically among people who are transgender. Concerningly however, the Scottish Trans Alliance found that 35 percent of transgender respondents to an online survey (of around 200 Scottish people) said their drinking was problematic at some point in their life, and nearly 4 percent said they currently consume 6+ drinks daily or almost daily.<sup>6</sup>

Data regarding alcohol use at the intersections of orientation and/or gender identity and other protected characteristics, including ethnicity, religion, and disability, are also greatly limited. However, emerging research from the 2021 report by NHS digital did find that while the proportion of white people who did *not* drink alcohol in the last week was nearly the same among heterosexual and LGB people (35 percent and 33 percent, respectively), it decreased greatly among ethnic minorities (71 percent and 55 percent, respectively).<sup>4</sup> Furthermore, the report estimates that the proportion of ethnic minorities who drink over the daily recommended guidelines nearly doubles among LGB people, from about 13 percent to 23 percent.<sup>4</sup> More research is needed to confirm these patterns of drinking among ethnic minorities and explore alcohol use among other protected characteristics, however, evidence suggests that such disparities could exist due to negative social experiences. It is however known that other minority populations experience heightened stigma and discrimination compared to heterosexual and general LGBTQ+ populations.<sup>3, 6</sup>

There is little social science research on alcohol use among LGBTQ+ people. However, it has been suggested that socialization and culture within the commercial gay scene, as well as coping with LGBTQ+-specific stressors may drive the higher rates of frequent and hazardous drinking among LGBTQ+ people.

Participants in Emslie's report for Scottish Health Action on Alcohol Problems (SHAAP) on LGBTQ+ drinking in Scotland noted that clubs and pubs are one of the only types of venues in which to socialize and meet other LGBTQ+ people in the non-heteronormative world.<sup>7</sup> Younger respondents tended to participate in this scene more frequently than older respondents, and many noted that they felt such venues were specifically geared toward gay men.<sup>7</sup> Respondents also noted that social expectations and peer pressure to get drunk on a night out at the club are influential in alcohol consumption, and that heavy drinking is perceived as central to the commercial gay scene.<sup>7</sup> Some also expressed that alcohol consumption was necessary to feel confident enough to fully express one's identity, and that specific alcoholic beverages may help to publicly convey one's orientation by appealing to stereotypes.<sup>7</sup>

LGBTQ+ people may also use alcohol as a means of coping with stigma and discrimination, and as a perceived escape from social norms of heteronormative society. For example, nearly one in five LGBTQ+ staff (18 percent) have been the target of negative comments or conduct from work colleagues because they are LGBTQ+,<sup>8</sup> and one in eight LGBTQ+ people (13 percent) have experienced unequal treatment when accessing healthcare services because of their orientation or gender identity.<sup>3</sup> This proportion rises to 32 percent of transgender people, 20 percent of nonbinary people and disabled LGBTQ+ people, and 19 percent of Black, Asian, and minority ethnic LGBTQ+ people.<sup>3</sup> Such experiences link to minority stress theory, which posits that individuals who identify as part of a minority population experience chronic social stressors which are unique to their minority characteristics.<sup>9, 10</sup> The *National LGBT Survey: Summary Report* from 2018 confirms this may be the case, as many participants suggested the causation of alcohol and drug misuse was due to the negative experiences of being LGBTQ+.<sup>11</sup> This theoretical framework is frequently used to examine health disparities and the role that homophobia plays in causing stress

and correlated methods of coping, such as alcohol consumption, and can help guide policies and interventions that address the root of causal stressors.<sup>9</sup>

## ALCOHOL HARM

Most research regarding alcohol harm among LGBTQ+ people has been focused on sexual health among men who have sex with men (MSM). A 2014 HIV prevention needs assessment in Scotland found that alcohol played a significant role in the sexual lives of respondents, including risky sexual practices that may lead to sexually transmitted infections (STIs) or HIV infection.<sup>12</sup> Alcohol use has also been generally associated with HIV-positive diagnoses.<sup>13</sup> In a 2018 study on chemsex (intentional utilization of drugs during sex) among MSM, alcohol was also associated with this practice.<sup>14</sup>

LGBTQ+ people experience higher levels of depression and suicidal ideation, and both depression and suicidal ideation are known to co-occur with risky drinking.<sup>11, 15</sup> A systematic review of mental disorder, suicide, and self-harm found that LGBTQ+ people were over twice as likely to be alcohol dependent compared to the overall population.<sup>16</sup> Specifically, gay and bisexual men were 1.5 times as likely to be alcohol dependent and lesbian and bisexual women were 4.0 times as likely to be alcohol dependent.<sup>16</sup>

Despite what we know about alcohol harm to the drinker and harm to others, there is little research that has been conducted on the incidence of disease and injury as it pertains to alcohol use in the LGBTQ+ community beyond its role in sexual and mental health. This narrow focus on alcohol-associated harms may reinforce stereotypes about LGBTQ+ people, which can perpetuate social stressors according to the framework described by minority stress theory. In order to fully understand the extent of alcohol harm in the LGBTQ+ community, more data are needed.

## ALCOHOL TREATMENT

Substantial barriers to accessing healthcare exist for LGBTQ+ people.<sup>3</sup> 2019 statistics on substance misuse treatment from Public Health England's National Drug Treatment Monitoring System (NDTMS) found that among alcohol only clients\*, 3 percent identified as gay or lesbian and 1 percent identified as bisexual.<sup>17</sup> For non-opiate and alcohol clients\*\*, 3 percent of clients identified as gay or lesbian and 3 percent as bisexual.<sup>17</sup> Notably, these statistics do not include information on gender identity. Both statistics suggest that the higher rates of alcohol dependence among LGBTQ+ people may not be fully represented in the alcohol treatment statistics.

In the Scottish Trans Alliance report, 57 percent of participants said they had never wanted to approach addiction services for one-to-one support for alcohol or other drug use, and 56 percent said they had never wanted to approach them for peer support.<sup>6</sup> Primary barriers were described by participants as fear that transgender-specific healthcare services (i.e. hormone access and/or

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\* Alcohol only: people who have problems with alcohol but do not have problems with any other substances. For more details see 'Figure 1: How people are classified into substance reporting group' in *Adult substance misuse treatment statistics 2018 to 2019: report* <<https://bit.ly/3lZKVwp>>

\*\* Non-opiate and alcohol: people who have problems with both non-opiate drugs and alcohol

surgery) would be stopped or refused if they engaged with addiction services, or similarly, that recovery services would be stopped or refused due to being transgender.<sup>6</sup>

Within substance use services, LGBTQ+ people reported that they may not feel safe or welcome receiving help because groups tend to be comprised of and cater to white, cisgender, heterosexual men and may be religious in nature, which many respondents in the survey were uncomfortable with.<sup>7</sup> The few substance use services that do make an effort to focus on the unique experiences of LGBTQ+ people have been described as focusing on the experiences of gay and bisexual men, leaving lesbian and bisexual women, trans, and nonbinary people feeling excluded.<sup>18</sup>

## GAPS IN KNOWLEDGE

Significant gaps in knowledge concerning alcohol use in UK-based LGBTQ+ communities exist. While national surveys have sought in recent years to separately determine the proportion of the population that identifies as LGBTQ+ and to measure levels of alcohol consumption in the general population, such national surveys do not have enough participants to present a breakdown of alcohol use by orientation, and rarely ask participants about gender identity (apart from ‘man’ or ‘woman’).<sup>7</sup> Additionally, the majority of available research is based in Scottish and English populations, neglecting any possible differences in alcohol consumption and related health disparities experienced in Northern Ireland and Wales.

Research also rarely takes an intersectional approach, meaning there is little evidence about how people’s experience of being LGBTQ+ intersects with other protected characteristics such as ethnicity, religion, and disability, or by socio-economic status. Given what is known regarding higher rates of discrimination and mental illness in minority communities among LGBTQ+ people, it is imperative that efforts are made to understand whether subgroup-specific interventions in prevention or treatment are necessary.<sup>3, 6</sup>

The majority of evidence that exists on alcohol use within the LGBTQ+ community tends to focus on the experiences of gay men,<sup>7</sup> and focuses on certain aspects of health such as sexual and mental health. Not only does this deemphasise the experiences and needs of other genders and orientations, but it may play a role in perpetuating harmful stereotypes which function as a part of minority stress theory. Some research on the health of lesbians and bisexual people does exist, but transgender people are frequently overlooked. Given the significantly high levels of hazardous drinking among these groups, more research is necessary to understand potential causes and inform gender and orientation-specific health messaging.

More qualitative studies involving a variety of people with lived experiences relating to drug and alcohol use and services could help organisations make their services feel safer and more inclusive.

Lastly, research regarding the alcohol industry’s appropriation of LGBTQ+ culture may find parallels with the alcohol industry’s marketing toward women using lifestyle messages.<sup>19</sup> [19] In recent years, alcohol producers have begun to market products (particularly spirits) with the rainbow flag and to sponsor Pride parades in a multitude of cities.<sup>20, 21</sup> A deeper look into alcohol marketing and corporate social responsibility initiatives’ portrayal and targeting of the LGBTQ+ community will inform the types of alcohol policy responses that are needed to reduce alcohol harm in this community.



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